For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

DLN: 93493304016288

2017

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

nterna	i Kevei	nue Service							Inspection
\ F	or the	e 2017 ca	alendar year, or tax year begin	ning 01-01-2017 , and end	ing 12-31	-2017			
C he	ck ıf aț	pplicable	C Name of organization THE FREEDOM FOUNDATION OF MIN	NESOTA			D Employ	er identi	ıfıcatıon number
		change	THE TREESON FOUNDATION OF THE	NESO IX			36-459	2698	
	me cha tıal ret	-	Doing business as						
		n/terminated					E Telephor	no numbo	A.F.
		d return	Number and street (or P O box if ma 520 NICOLLET MALL SUITE 510	il is not delivered to street address)) Room/suit	е			
⊔ Ар	plicatio	on pending	City or town, state or province, coun	try, and ZID or foreign postal code			(612) 7	47-794	1
			MINNEAPOLIS, MN 554021048	try, and ZIP or foreign postal code			G Gross re	sounts # 1	205 550
			F Name and address of principal	officer		117-7-		•	<u> </u>
			ANNETTE MEEKS	officer			this a group re ibordinates?	turn for	□Yes ☑ No
			520 NICOLLET MALL SUITE 520 MINNEAPOLIS, MN 554021408			Н(b) Аг	re all subordina	tes	Yes No
Ta	x-exen	npt status		nsert no)			cluded?	l.=k /==.	
1 147	abait	o. b. EDE	✓ 501(c)(3)		52/		"No," attach a roup exemption	•	•
	EDSIL	e. P FRE	EDOMPOUNDATIONOFMINNESOTA	COM		() (roup exemplion	mambe	
て Forr	n of or	ganization	☑ Corporation ☐ Trust ☐ Associ	ciation Other ►		L Year of f	ormation 2007		e of legal domicile
								MN	
Pa	rt I	Sumi	.						
			cribe the organization's mission or TIONAL AND RESEARCH ORGANIZ		ATES THE	PRINCIPI	ES OF INDIVID	IIAI FRI	FEDOM PERSONAL
ų			BILITY, ECONOMIC FREEDOM, AN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- KINGII I		0/12 / 11	ELDOTT, TEROOTTI
<u>=</u>	-								
Ė	-								
GOVERNANCE	,	Check thi	s box ▶ ☐ If the organization dis	continued its operations or disc	osed of mo	ore than 2	25% of its net a	ssets	
) ජ			of voting members of the governing					3	5
.^ Bb	4	Number o	of independent voting members of	the governing body (Part VI, li	ne 1b) .			4	4
	5	Total num	nber of individuals employed in cal	endar year 2017 (Part V, line 2	2a)			5	3
Acuviues &	6	Total num	nber of volunteers (estimate if nec	essary)				6	O
4	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12 .				7a	ı C
	b	Net unrel	ated business taxable income from	Form 990-T, line 34				7b	0
							Prior Year		Current Year
<u>Qi</u>	8	Contribut	ions and grants (Part VIII, line 1h)				320,	785	354,656
Ravenua	l	-	service revenue (Part VIII, line 2g)					0	(
Ω.	l		nt income (Part VIII, column (A),	•	•			2	(
	l		renue (Part VIII, column (A), lines	•			-1, 319.	622	8,325 362,987
			enue—add lines 8 through 11 (mus				319,		
	l		nd similar amounts paid (Part IX, c paid to or for members (Part IX, co		•			0	(
			· ·	, ,,	 E 10)		140,		147.622
Expenses	l		other compensation, employee bei nal fundraising fees (Part IX, colur	, , , , , , , , , , , , , , , , , , , ,	•		<u> </u>	140	147,622
£	Ι.		raising expenses (Part IX, column (D), lii				27,	170	31,250
Ä	l		penses (Part IX, column (A), lines	· · · · · · · · · · · · · · · · · · ·			107,	481	185,755
	l	·	enses Add lines 13-17 (must equ	•			271,		364,627
	l	•	less expenses Subtract line 18 fro				47,		-1,640
× 20			TOO ON PERIOD DUBLICATION TO THE		-	Beginn	ning of Current Y		End of Year
Net Assets or Fund Balances									
Bat	20	Total asse	ets (Part X, line 16)				55,	760	46,020
₹ <u>₽</u>	21	Total liab	ılıtıes (Part X, line 26)				14,	814	6,714
		Net asset	s or fund balances Subtract line 2	1 from line 20	•		40,	946	39,306
	rt II		ature Block						
Jndei	r pena	alties of pe	erjury, I declare that I have exami f, it is true, correct, and complete						
	nowle		1, it is true, correct, and complete	Deciaration of preparer (other	than office	1) 13 Dase	ed on an inform	acion or	which preparer has
		I 					2010 10 16		
••••		Signati	re of officer				2018-10-16 Date		
Sign Iere		\	TE MEEKS SEO						
	-		TE MEEKS CEO r print name and title						
		17	rint/Type preparer's name	Preparer's signature	Da	te I		PTIN	
Paid	4		EFFREY B MANGAS CPA	JEFFREY B MANGAS CPA		18-10-16		P0027039	99
	a pare	r 📴	ırm's name 🕨 JEFFREY B MANGAS LTI)			Firm's EIN ► 41	-1525877	,
	On	I =:	ırm's address ▶ 11260 86TH AVENUE N)			Phone no (763)	494-5042	2
		·•	MAPLE GROVE, MN 553	369					

Cat No 11282Y

Form 990 (2017)

Form	990 (2017)					Page 2
Par	t IIII Statemen	t of Program Service	Accomplis	hments		
	Check If Sch	nedule O contains a respor	se or note to	any line in this Part III		🗆
1		organization's mission				
		ESEARCH ORGANIZATION MIC FREEDOM, AND LIMI			CIPLES OF INDIVIDUAL FREEDOM,	, PERSONAL
2	Did the organizatio	n undertake any significar	t program ser	vices during the year whic	h were not listed on	
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe th	hese new services on Sche	dule O			
3	Did the organizatio	n cease conducting, or ma	ke significant	changes in how it conduct	s, any program	
						☐ Yes 🗹 No
4	Describe the organ Section 501(c)(3) a	ızatıon's program service a	accomplishmei is are required	I to report the amount of g	gest program services, as measur rants and allocations to others, th	
4a	(Code) (Expenses \$	202,315	including grants of \$) (Revenue \$)
	See Additional Data	, (=-	,		, (,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	Otherware	Nucce (December in Celevidad	- 0)			
4d	Other program serv (Expenses \$	vices (Describe in Schedul inclu	e O) ding grants of	\$) (Revenue \$)
4e	Total program se	rvice expenses >	202.3	115		

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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Form **990** (2017)

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28c

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Yes

Form 990 (2017)

Yes

Par	Part IV Checklist of Required Schedules (continued)								
		Yes	No						
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No						
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?								
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		No						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a		No						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b								

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

complete Schedule L, Part I 🥞

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•		Ш
	Fortraths around an Day 2 of Forms 1000 Fortra O. Amet analysishing 1.4-1.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

	990 (2017)	,,		Page t
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management		•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
C ~	ection C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶			
	<u>MN</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records NNETTE MEEKS 520 NICOLLET MALL SUITE 510 MINNEAPOLIS, MN 554021408 (612) 747-7941			_ /

and Independent Contractors Check If Schedule O contains a response or note to any line in this Part VII			
Part VII			
	Check if Schedule O contains a response or note to any line in this Part VII		
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
year .			
• List all d	of the organization's current key employees, if any See instructions for definition of "key employee"		
who receive			
	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 e compensation from the organization and any related organizations		
	of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the		

more than \$10,000 of reportable compensation from the organization and any related org List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (B) (C) (D) (E) Estimated Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Former Individual trustee or director Highest compensated employee organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) 1 00 (1) DIRK BAK Ω n 0 CHAIRMAN OF THE BOARD 1 00 (2) BRIAN SULLIVAN 0 DIRECTOR 1 00 (3) VIN WEBER Ω Х 0 DIRECTOR 1 00 (4) JACK MEEKS Χ 0 VICE CHAIRMAN 40 00 (5) ANNETTE MEEKS Χ Χ 55,000 0 0 CEO, SECRETARY, TREASURER

Part VII

Page 8

سعد		,	,,		, ,								,	
	(A) Name and Title	(B) Average hours per week (list any hours	Average hours per week (list any hours Position (do not check more than one box, unless person week (list any hours director/trustee) Reportable compensation compensation from the organization (Woorganizations (Woorganiza											
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		organizations below dotted	급축	Insi	Officer		큼	Former					relate organiza	
		line)	중	l it	Ť	₩.	o est	1					organiza	itions
			ইট	Egg		key employee	စီးမွ							
			Individual trustee or director	=		, ee	B							
			i i	Institutional Trust⊭			Ens							
				4			Highest compensated employee							
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												-		
						<u> </u>		_						
1b 9	Sub-Total			'	۲.		 		I			Т		
c T	Total from continuation sheets to Pa	art VII, Sectio	nΑ.				▶							
d	Total (add lines 1b and 1c)						▶			55,000		0		0
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any former of			ee, k	ey e	mplo	oyee, d	or hi	ghest cor	npensated	employee on			
	line 1a? If "Yes," complete Schedule 3	l for such individ	dual .	•	•	•		•				3		No
4	For any individual listed on line 1a, is organization and related organization										n the			
	ındıvıdual					•	· .					4		No
5	Did any person listed on line 1a receiv	ve or accrue cor	npensat	ion fi	rom	anv	unrela	ated	organiza	tion or ind	vidual for			
	services rendered to the organization					,			-			5		No
Se	ection B. Independent Contract	ors											1	
1	Complete this table for your five high		d indepe	ender	nt co	ntra	ctors	that	received	more than	\$100,000 of con	npen	sation	
	from the organization Report comper		alendar	year	end	ing	with o	r wit	hin the o	rganızatıo	<u>.</u>			
	Name ;	(A) and business addre	ess							Desc	(B) ription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part	VIII Statement of Re	venue					rage 3
	Check if Schedule O		onse or note to any	/ line in this Part VII	ı		🗆
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a	l		revenue		512-514
nts ints	b Membership dues .		<u> </u>				
Gra nou	c Fundraising events .	. 1c					
ts. (d Related organizations	1d	<u> </u>				
iga et	e Government grants (contri	butions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gift						
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts not in- above	1f	354,656				
년 전 등	g Noncash contributions						
	in lines 1a-1f \$ h Total. Add lines 1a-1f .						
	I Totali Add lines 14 11 1		Business	354,656			
Service Revenue	2a		Busines	3 0000			
4							
رد د	b — — — — — — — — — — — — — — — — — — —						
ξ	d						
E	е ———						
Program	f All other program service	e revenue					
Ğ	gTotal. Add lines 2a-2f .		<u> </u>				
	3 Investment income (inclusional similar amounts)		interest, and other		6		6
	4 Income from investment		ond proceeds				
	5 Royalties			•			
		(ı) Real	(II) Personal				
	6a Gross rents						
	b Less rental expenses						
	c Rental income or						
	(loss)						
	d Net rental income or (lo						
	7a Gross amount	(ı) Securities	(II) Other				
	from sales of assets other						
	than inventory						
	b Less cost or other basis and						
	sales expenses						
	C Gain or (loss) d Net gain or (loss)		<u> </u>	-			
	8a Gross income from fundr						
ne	(not including \$ contributions reported or						
₹	See Part IV, line 18		40,896	5			
Re	b Less direct expenses .		32,571				
Other Revenue	c Net income or (loss) from 9a Gross income from gami		rents •	8,32	!5		8,325
ŏ	See Part IV, line 19	· ·	J				
		а					
	b Less direct expenses . c Net income or (loss) fror		les				
	10a Gross sales of inventory,		iles •				
	returns and allowances	• •]				
	b Less cost of goods sold	a b					
	c Net income or (loss) from						
	Miscellaneous Rev		Business Code				
	11a						
	b						
		_					
	с						
	I All						1
	d All other revenue			1			
	e Total. Add lines 11a-11		•				
	12 Total revenue. See Ins	tructions	• • • •	362,98	37	0	0 8,331
							Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all concepts of Schedule O contains a response or note to any	_	·		🔽
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		скрепосо	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	55,000	27,500	13,750	13,750
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	82,000	82,000		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,622	7,612	1,576	1,434
11 Fees for services (non-employees)				
a Management	6,350		3,175	3,175
b Legal	2,757		2,757	<u> </u>
c Accounting	_,,			
e Professional fundraising services See Part IV, line 17	31,250			31,250
- · · · · · · · · · · · · · · · · · · ·	31,230			31,230
f Investment management fees	56,200	20.100	42.000	11.200
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	66,389	39,100	12,909	14,380
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	66,912	30,754	36,158	
17 Travel	3,282	623	2,441	218
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	16,917	4,417		12,500
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	215		215	
23 Insurance	1,320		1,320	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPORTS	8,579	8,579		

5,537

3,874

2,819

804

364,627

b SUPPLIES

c POSTAGE/COURIER

d BANK CHARGES

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

1,257

169

304

202,315

2,982

3,274

2,819

500

83,876

1,298

431

78,436

Form **990** (2017)

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

30

32

33

34

Liabilities 22

Fund Balances

ŏ

Assets 31

Net

1,495

388

3,467

46,020

3,714

(B)

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX

		Beginning of year		End of year
1	Cash-non-interest-bearing	53,659	1	40,666
2	Savings and temporary cash investments	4	2	4
3	Pledges and grants receivable, net		3	

Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net .

Inventories for sale or use .

Assets Prepaid expenses and deferred charges

10a

basis Complete Part VI of Schedule D 10b Less accumulated depreciation

10a Land, buildings, and equipment cost or other

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Investments—publicly traded securities .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

11 12 Investments—other securities See Part IV, line 11 .

10,927

10,539

1,495

(A)

13

14

15

16

17

18

55,760

3,714

11,100

14,814

40,946

40,946

55.760

27

28

29

30

31

32

33

34

6

7

8

12

- 19 20 21
- 22 3.000 23 24
- 25 26
 - 6,714 39,306

39,306

46.020

Form **990** (2017)

Form	990 (2017)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			362,987
2	Total expenses (must equal Part IX, column (A), line 25)	2			364,627
3	Revenue less expenses Subtract line 2 from line 1	3			-1,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			40,946
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			39,306
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

Νo

Form **990** (2017)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

EIN: 36-4592698

Name: THE FREEDOM FOUNDATION OF MINNESOTA

Form 990 (2017)

Form 990, Part III, Line 4a:

STUDIES AND REPORTS

Software Version:

THE CORPORATION IS AN INDEPENDENT NON-PROFIT EDUCATIONAL AND RESEARCH ORGANIZATION THAT WILL DEVELOP PUBLIC POLICY RESEARCH AND PUBLISH

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493304016288
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017
•		the Treasury	► Info	ormation abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	nue Service he organiza		٠,٨	www.ms.g	<u>, 101111330</u> 1		Employer identific	<u> </u>
IHEF	KEEDUI	VI FOUNDATION	OF MINNESOT	А				36-4592698	
	rt I				us (All organization			See instructions.	
1 1	organiz		•		`	5 ,	,	/A\/:\	
_		•		•	sociation of churches				
2					1)(A)(ii). (Attach Sch	•	• •		
3		·	·	•	vice organization desc			•	
4			esearch orga and state _	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (leading)	taın exceptions,	and (2) no more	than 331/3% of its su	
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
a		Type I. A sorganization	supporting or n(s) the power	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the supp	rganization sup porting organiza	ervised or controlled i				
С		Type III f	unctionally i		supporting organizatio ons) You must com				ted with, its
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anization receiv	ved a written determir	nation from the I		pe I, Type II, Type II	functionally
f	Enter		• •	on-functionally organizations	integrated supporting	organization			
g				-	ipported organization(5)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
T - *									
Tota		uark Dad	tion Act Not	ice, see the Ir		Cat No 11285	<u> </u>	 Schedule A (Form 9º	

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

(b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part Calendar year (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 402,077 349,330 350,618 319,166 362,981 1,784,172 membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 402,077 349,330 350,618 319,166 362,981 1,784,172 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 1,784,172 line 4 Section B. Total Support Calendar year (a)2013 (b)2014 (d)2016 (e)2017 (c)2015 (f)Total (or fiscal year beginning in) ▶ 7 Amounts from line 4 402,077 349,330 350,618 319,166 362,981 1,784,172 Gross income from interest, dividends, payments received on 10 28 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) **11 Total support.** Add lines 7 through 1,784,200 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 100 000 % 15 Public support percentage for 2016 Schedule A, Part II, line 14 15 100 000 % 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ 🗸 and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	art IIII Support Schedule for						
	(Complete only if you cl						er Part II. If
-	the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.)	
36	ection A. Public Support Calendar year		Γ	I	I	I	
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
C.	from line 6) ection B. Total Support						
-	Calendar year			1	1	I	1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975						
11	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13							
	11, and 12)				1		L
14	First five years. If the Form 990 is for	r the organization	n's first, second, ti	nird, fourth, or fift	n tax year as a se	ection 501(c)(3) o	
_	check this box and stop here						▶⊔
	ection C. Computation of Public S Public support percentage for 2017 (lin			column (f))		1.4=1	
15		,		column (1))		15	
16	Public support percentage from 2016 S					16	
	ection D. Computation of Investr			line 12 (C	5//	1 4- 1	
17	Investment income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	iine 13, column (f	"))	17	
18	Investment income percentage from 20		•			18	
19a	33 1/3% support tests—2017. If the o	organization did i	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and lin	_
	more than 33 $1/3\%$, check this box and s	-					▶ □
b	33 1/3% support tests—2016. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

_			
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the decignation. If historic and continuing relationship, explain	 	├

describe the designation If historic and continuing relationship, explain	1	Ι
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Ι

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
_			$\overline{}$

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
 b Did the organization of the public support test determination c Did the organization e If "Yes," explain in Pai 4a Was any supported organization 	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		·	
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		

	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
4a b	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support		1	

		4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the				
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		<u> </u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the				

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                               9a
```

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
```

	leddie A (10111 990 01 990-LZ) 2017			age 3
Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in P VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	art		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	Carting C. Tong II Comparing Operations			
3	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	s of	103	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	ın		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
_	a The organization satisfied the Activities Test Complete line 2 below	,		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity is	see instru	ctions)	
			,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ed 2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement	′s 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>	3b		

Page **6**

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		Doub VII Coo
-	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat	ed Type III supporting or	ganization (see

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 36-4592698

Name: THE FREEDOM FOUNDATION OF MINNESOTA

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493304016288 OMB No 1545-0047

> Open to Public Inspection

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** THE FREEDOM FOUNDATION OF MINNESOTA 36-4592698 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	t IIII	Organizations Maintaining Col	lections of Art	, Histori	ical T	reası	ires, or	Other	Similar A	ssets (continue	1)
3		the organization's acquisition, accessio (check all that apply)	n, and other record	ds, check	any of	the fo	llowing tl	hat are a	significant	use of its	collection	on
а		Public exhibition		d		Loan	or excha	ange prog	ırams			
b		Scholarly research		e		Othe	r					
С		Preservation for future generations										
4	Provi Part :	de a description of the organization's col XIII	lections and expla	ın how the	ey furt	her th	e organız	ation's ex	kempt purpo	ose in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							ular	☐ Ye	es 🗆	No
Pa	rt IV											
		Complete if the organization answ X, line 21.	vered "Yes" on F	orm 990), Part	IV, I	ine 9, or	reporte	ed an amoi	unt on F	orm 99	0, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interm	ediary for	contri	bution	s or othe	er assets	not	☐ Ye	es 🗆	No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	table		Γ		-	mount		
c		nning balance	•				ļ	1c				
d	Addıt	ions during the year					Ī	1d				
е	Dıstrı	butions during the year					Ī	1e				
f	Endin	ng balance					Ī	1f				
2a	Dıd tl	e he organization include an amount on Fo	orm 990, Part X, lır	ne 21, for	escrov	v or cu	ıstodıal a	ccount lia	ability?			No
b	If "Y∈	es," explain the arrangement in Part XIII	Check here if the	e explanat	ion has	s been	provided	d in Part)	XIII			
Pā	art V	Endowment Funds. Complete if	the organization	n answei	red "Y	es" o	n Form 🤉	990, Par	t IV, line :	10.		
			(a)Current year	(b) P	rior yea	ır	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four	ears back
	-	ing of year balance				_						
		outions										
		estment earnings, gains, and losses										
		or scholarships				_						
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2		de the estimated percentage of the curr	ent year end balan	ice (line 1	g, colu	mn (a)) held as	s				
а	Board	d designated or quasi-endowment >										
b	Perm	anent endowment ▶										
c	Temp	orarily restricted endowment >										
		percentages on lines 2a, 2b, and 2c shou	•									
3а		here endowment funds not in the posses nization by	ssion of the organiz	zation tha	t are h	eld ar	id admini	stered fo	r the		Ye	s No
	-	nrelated organizations								3	a(i)	15 110
		elated organizations									a(ii)	
b		es" on $3a(\Pi)$, are the related organization		d on Sche	edule R	?.				. 🗀	3b	
4	Desci	ribe in Part XIII the intended uses of the	organization's end	dowment	funds						•	
Pa	rt VI	Land, Buildings, and Equipme								_		
	D	Complete if the organization answ										alua
	Descri	ption of property (a) Cost or oth (investme		ost or other	Dasis (otner)	(c) Acci	umulated c	lepreciation		(d) Book v	alue
1a	Land											
b	Buildin	gs										
c	Leaseh	nold improvements										
d	Equipn	nent										
	Other					10,927			10,539			388
		lines 1a through 1e (Column (d) must e	qual Form 990, Pa	rt X, colu	mn (B)	, line	10(c)).		>			388

	(Form 990) 2017				Page 3
Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	janiza	(b) Book value	(c) Meth	90, Part IV, line 11b. od of valuation f-year market value
	l derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form			ne 11c See Form 990	Part Y line 13
	(a) Description of investment		ook value	(c) Meth	od of valuation
(1)				Cost or end-c	f-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1) PREPAID (2)					3,467
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	red 'Y			'
1. (1) Federal	(a) Description of liability		(0) 80	ook value	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)		\dashv			
(8)					
(9)		-			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>			
	or uncertain tax positions In Part XIII, provide the text of the f 's liability for uncertain tax positions under FIN 48 (ASC 740)				

1

Page 4

2	Amounts included on line 1 but no				
а	Net unrealized gains (losses) on ir	nvestments	2a		
b	Donated services and use of facilit				
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P.	art VIII, line 12, but not on line 1			
а	Investment expenses not included	on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		per Return	1.
1	Total expenses and losses per aud	lited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facilit	ties	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P.	art IX, line 25, but not on line 1:			
а	Investment expenses not included	on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide			4, Part X, line 2, Part
	Return Reference	Explanation			

Part XIII	orm 990) 2017 Supplemental Info	rmation (continued)	Page 5
Return Reference		Explanation	
			Schedule D (Form 990) 2017

DLN: 93493304016288

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

Department of the Treasury

SCHEDULE G

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ.

Open to Public

ten	nal Revenue Service	▶Inforn	nation about Schedule	G (Form 9	990 or 990	-EZ) and its instructions is a	t www irs	gov/form990.	Inspection
ame of the organization HE FREEDOM FOUNDATION OF MINNESOTA						Employer idei	ntification number		
111	TREEDOM TOUNDATION	N OF MIN	NESOTA					36-4592698	
Pā	_		i es. Complete if the not required to	_		answered "Yes" on Fo	rm 990,	Part IV, line 1	7.
L			· · · · · · · · · · · · · · · · · · ·			ollowing activities Check	all that a	pply	
а	✓ Mail solicitations	,		,	e	-			
b	✓ Internet and email	ternet and email solicitations f Solicitation of government grants							
c	Phone solicitations				g	✓ Special fundraising		,···	
ď					9	C opecial full distribution is	, events		
2a						ridual (including officers, n with professional fundr			s 🗆 No
b	If "Yes," list the ten h to be compensated at	ighest paid least \$5,0	d individuals or enti 000 by the organiza	ities (fundation	draisers)	pursuant to agreements	under wh	nich the fundraise	er is
i)	Name and address of in or entity (fundraiser	y (fundraiser) fundraiser have from activity (or r fundra	nount paid to etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		_	TIND DATCING	Yes	No				
1	THE WELLSPRING GROUPROLAND DEVELOPMENT 7809 SOUTHTOWN CEN SUITE 183		UNDRAISING		No	0		31,250	-31,25
_	BLOOMINGTON, MN 55	431							
2									
3									
4									
•									
5									
6									
7									
8									
9									
.0									
	 al				<u> </u>			31.250	-31,250
ota 3		he organiz	zation is registered	or license		cit contributions or has b	een notifi	31,250 ed it is exempt fi	•

Sche	edule G (Form 990 or 990-EZ) 2017				Page 2
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising 6 gross receipts greater than \$	event contributions and			
	gross receipts greater than p	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
KIE					
Revenue					
_	1 Gross receipts	40,896			40,896
	2 Less Contributions	40,896			40,896
	4 Cash prizes				
	5 Noncash prizes				
Ses	6 Rent/facility costs				
Expenses	7 Food and beverages				
й Ш	8 Entertainment				
Direct	9 Other direct expenses	32,571			32,571
	10 Direct expense summary Add lines 4	through 9 ın column (d)		•	32,571
	11 Net income summary Subtract line 10	from line 3, column (d)		.	8,325
Pai	Gaming. Complete if the org on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ă	3 Noncash prizes				
<u>re</u> d	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%_	☐ Y es%	☐ Yes %	
	6 Volunteer labor	☐ No	☐ No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•	
9 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain	aming activities in each of			☐ Yes ☐ No
10a b	Were any of the organization's gaming li		d or terminated during th	e tax year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2017						Page 3
11	Does the organization conduct gaming	activities with nonmembe	ers?		Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming	ry or trustee of a trust or J?	a member of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming activ	/ity conducted in			- 133		
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per-	on who prepares the org	ganization's gaming/special events books and re	cords			
	Name						
15-	Address Does the organization have a contract		L th				
134	revenue?	vicii a ciiii u party iroiii wi	nont the organization receives gaining		□Yes	Пис	
b			rganızatıon ▶ \$ and th	e	□ res		
	amount of gaming revenue retained by	the third party ► \$					
С	If "Yes," enter name and address of the	third party					
	Name >						
	Address ▶						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state	e law to make charitable	distributions from the gaming proceeds to				
retain the state gaming license?							
b	•		buted to other exempt organizations or spent				
Da	in the organization's own exempt activi		\$ ations required by Part I, line 2b, columns	. ()	and (v). a	nd Dart	
FEI			plicable. Also provide any additional infor				s).
	Return Reference		Explanation				
SCH	EDULE G. PART I. LINE 2B. COLUMN (V)	PAYMENTS FOR PROFESS	SIONAL FUNDRAISING CONSULTING SERVICES				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPH	IC print - DO I	NOT PROCESS	S As F	iled Data -					DL	N: 93	34933	3040	16288
Schedule L (Form 990 or 99		Trans		ns with Ir				5a.	25b. 26		MB No	1545	5-0047
27, 28a, 28b,				Bc, or Form 99 ch to Form 990	0-EZ, Part V,	, line 38a or 4			,	·	20	11	7
	▶I	nformation abo					uctio	ns is	at		2	JI	/
Department of the Tr	I			www.irs.gov/	<u>/form990</u> .						Open		
Internal Revenue Ser Name of the or							Fr	nnlo	yer ide	ntific		pecti	
	UNDATION OF MINN	ESOTA						•	•		ation	IIIIII	C.
Part I Exc	ess Benefit Tr	ansactions (s	ection 501	(c)(3) section 5	501(c)(4) and	1 501(c)(29) or			2698 s only)				
Com	plete if the organi	zation answered	l "Yes" on l	Form 990, Part I	IV, line 25a or	25b, or Form	990-E			ne 40b			
1 (a) Name of disqu	alıfıed person	(b)	Relationship be	tween disqual organization	lified person ar	nd		Descript ansacti		` ,		
					n gariization		-	Li	alisacti	011	+ '	es .	No
							_						
							-						
2 Enter the	amount of tax inc	irred by organiz	ation man	agers or disguals	ified persons (during the year	r unde	rsec	tion				
4958 -	amount of tax, if			·			•		>	\$			
					. 9								
	oans to and/o emplete if the orga				Part V, line 3	8a, or Form 99	90, Par	rt IV,	line 26	i, or if	the or	ganıza	ition
re	ported an amount	on Form 990, P	art X, line	5, 6, or 22									
(a) Name of interested	(b) Relationship			Loan to or from the organization? (e)Original		(f)Balance due		(g) In (h) default? Approved			(i)Written by agreement?		
person					amount		't		boar	noard or mmittee?		<u> </u>	
			То	From	1		Yes	No	Yes	No	Yes		No
(1) JACK MEEKS	DIRECTOR AND VICE CHAIRMAN	OPERATING EXPENSES	X		8,100	0		No		No			No
(2) JACK MEEKS		OPERATING	X		5,000	3,000		No		No			No
	VICE CHAIRMAN	EXPENSES											
Total Part IIII Gr	ants or Assist	ance Benefiti	na Tata		• \$ ••	3,000							
	mplete if the or					line 27.							
(a) Name of inte	erested person	(b) Relationship	between	(c) Amount o		(d) Type o	of assi	stand	ce	(e) Pu	rpose	of ass	ıstance
ınterested person and organization													
		U. gu											
				-					-+				
									-+				
For Paperwork Re	duction Act Notice	. see the Instruc	tions for Fo	rm 990 or 990-E	7 . Ca	L at No 50056A		Sc	hedule I	/Forn	1 000 0	r 00n-	FZ) 2017

Explanation

Schedule I (Form 990 or 990-F7) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efile GRAPH	DL	N: 93493304016288				
SCHEDULE O		Supplemental Information to Form 990	or 990-F7	OMB No 1545-0047		
(Form 990 or EZ)	I .	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and it	c questions on ormation.	2017		
Department of the T		www.irs.gov/form990.	s ilisti uctions is at	Inspection		
Name of the ord THE FREEDOM FOU	UNDATION O	plemental Information	36-4592698	ntification number		
Return Reference	Explanation					
FORM 990, PART VI, SECTION A, LINE 2						

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. REVIEWED BY BOARD MEMBERS PART VI, SECTION B.

LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. PERIODIC REVIEW BY MEMBERS OF THE BOARD PART VI.

SECTION B, LINE 12C

Return
Reference

Explanation

FORM 900 DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC LIPON REQUEST

990 Schedule O, Supplemental Information

LINE 19

FORM 990, DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C.

Explanation Return Reference

990 Schedule O, Supplemental Information

FORM 990,	CONSULTING PROGRAM SERVICE EXPENSES 39,100 MANAGEMENT AND GENERAL EXPENSES 10,076 FUNDR
PART IX,	AISING EXPENSES 14,380 TOTAL EXPENSES 63,556 PAYROLL PROCESSING PROGRAM SERVICE EXPENSE
1.15.15.44.6	O A MANA OFMENT AND OFMEDAL EXPENSES A 200 FUNDENCING EXPENSES A TOTAL EXPENSES A 200

LINE 11G IS 0 MANAGEMENT AND GENERAL EXPENSES 2.833 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2.833